



**APPLICATION, STATEMENT, AND OATH OF OFFICE FOR
COMMISSION AS A NOTARY PUBLIC**

Filing Fee \$25.00

NOTE: The applicant's name on this form and the associated surety bond must be exactly the same!

Your Name (as it appears on the enclosed bond and will be on your commission certificate and official seal):

Email address _____ Date of Birth _____

Have you ever been issued a commission as a Notary Public in Montana? ☐ YES ☐ NO

If yes, under what name? _____ Commission expiration date _____
(Month/Day/YYYY)

Home Mailing Address

Street/Box # _____ Apt/Unit _____ HOME PHONE _____
City _____ County _____ State MT Zip _____

Physical/Residence Address (if different)

Street _____ Apt/Unit _____
City _____ County _____ State MT Zip _____

Employment Information*

Employer Name _____ WORK PHONE _____
Employer Address _____ City _____ State _____ Zip Code _____

**If you are presently unemployed or retired, please enter "N/A" for Employer. Enter "Work at Home" if your work address is the same as your home address.*

STATEMENT & OATH

I, _____, the undersigned, making application for a Commission as Notary Public in and for the State of Montana affirm, and at the date hereon swear that: I am eighteen (18) years of age or older, I have resided in the State of Montana continuously for at least one (1) year immediately prior to the date hereon, I have never been convicted of a felony, I have never had a Notary Commission denied, revoked, or restricted in any state, the information on this application is true and complete to the best of my knowledge, and I am qualified to be appointed and commissioned as a Notary Public for the State of Montana.

I do solemnly swear (or affirm) that I will support, protect and defend the constitution of the United States, and the constitution of the State of Montana, and that I will discharge the duties of my office of Notary Public for the State of Montana with fidelity (so help me God).

State of Montana
County of _____

Applicant's signature (Must match the name printed/typed above and on bond!)

Sworn to and subscribed before me this _____ day of _____ A.D., 20 _____.

Notary Public for the State of Montana (signature)

(SEAL)

Notary Public (name typed/stamped or printed)

Residing at (city): _____

Brad Johnson
Montana Secretary of State
PO Box 202801
Helena MT 59620-2801
(406) 444-5379



Commission expiration_____ (Month/Day/YYYY)